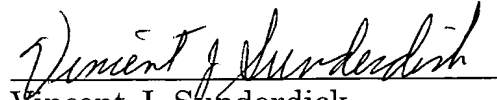


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10/686703

Basic Fee							\$385/770	=	\$770.00
Total Claims	14	-	20	=	0	x	\$9/18	=	\$
Independent Claims	2	-	3	=	0	x	\$43/86	=	\$
Multiple Dependent Claim Presented							\$145/290	=	\$
Total Filing Fee									\$770.00

A check in the amount of \$770.00 for the filing fee is enclosed. The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. 05-1323 (Docket #056203.52848US). A duplicate copy of this sheet is enclosed.

Respectfully submitted,

A handwritten signature in cursive script, reading "Vincent J. Sunderdick", is written over a horizontal line.

Vincent J. Sunderdick
Registration No. 29,004
For James F. McKeown
Reg. No. 25,406

JFM/acd